



**TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
55 MAIN STREET
WESTFORD, MASSACHUSETTS 01886**

**Application for the Use, Setting, Placing or
Maintenance of Certain Trap Types**

Pursuant to the provisions of section 80A, Chapter 131 of the M.G.L. and 321 CMR 2.08, I hereby apply for a permit which authorizes the use, setting, placing or maintenance of certain trap types.

Name _____ Date _____

Trap Registration # _____ Phone # _____

Address _____

City _____ Zip _____

Organization or Firm _____

The following information supports my request for a permit.

A problem caused by fur bearing mammal(s) exists on the property of:

Owner _____ Phone Number _____

Address _____ Map/Parcel _____

City _____ Zip _____

Animal Problems (Species & Damage) _____

Requested Action or Outcome _____

Location of proposed trapping (Address & Map/Parcel)



**TOWN OF WESTFORD
BOARD OF HEALTH**
TOWN HALL
55 MAIN STREET
WESTFORD, MASSACHUSETTS 01886

**Application for the Use, Setting, Placing or
Maintenance of Certain Trap Types**

I have attempted to abate the problem using the following trap types for at least 15 consecutive days and also by alternative non-lethal techniques (when appropriate) but these methods have failed to make such abatement:

Trap Types Employed (I.E. Mouse/Rat Traps, Nets, Box or Cage Traps)	Effort (# of Days)
--	-------------------------------

**Alternative Non-Lethal Methods Employed
(I.E. Active/Semi-Passive/Passive Deterrents; Physical Barriers)**

I certify under the pains and penalties of perjury that the information provided above is true and correct to the best of my knowledge and belief.

Date

Signature of Applicant

Date

Signature of Property Owner

Signature of Property Owner

Signature of Property Owner